Please type a plus sign (+) inside this box>
--

DECLARATION FOR UTILITY OR

DESIGN

Application Number(s)

60/084,378

and 35 U.S.C. 120 09/304,734 PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

LII153B US

Lee A. Chase

Additional provisional application numbers are listed on a

supplemental priority data sheet

PTO/SB/02B attached hereto.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

PATENT APPL	C	COMPLETE IF KNOWN				
(37 CFR 1	Application Nu	mber	/			
Declaration Γ	Declaration	Filing Date				
Submitted OR with Initial	Submitted after Initi Filing (surcharge	al Group Art Unit				
Filing	(37 CFR 1. 1 6 (e)) required)	Examiner Nam	е			
As a below named inventor, I h	ereby declare that:					
My residence, mailing address, a	nd citizenship are as stat	ted below next to my nan	ne.			
I believe I am the original, first an names are listed below) of the su	d sole inventor (if only or hiect matter which is clai	ne name is listed below)	or an original, fire	st and joint inve	entor (if plural	
	ojoot mattor which to that	med and for which a par	ent is sought on	the invention e	maneu.	
Vehicle Wheel and Overlay	Assembly					
the specification of which	(Т	itle of the Invention)				
is attached hereto						
OR was filed on (MM/DD/YYYY)		as United St	ates Application	Number or PC	T International	
Application Number		I mended on (MM/DD/YY)	(Y)		(if applicable).	
I hereby state that I have reviewe amended by any amendment spe	d and understand the co	ntents of the above iden	,	on, including the	e claims, as	
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	e information which is ma mation which became av	aterial to patentability as railable between the filing	defined in 37 CI g date of the pric	FR 1.56, or applica tion hude	for continuation- nand the national or	
			v foreign applica	tion(s) for nate	ent or inventor's	
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application also identified below, t al application having a fil	which designated at lead by checking the box, ar ling date before that of th	ist one country of the state of the state of	other than the Loation for pate which priority i	Inited States of nt or inventors is claimed.	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached? NO	
			Ħ		ᆸ	
				▎▕▏		

[Page I of 21

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY

May 12, 1998

May 4, 1999

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1

LM

ĿĿ

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application Customer Number Direct all correspondence to: Correspondence address below 021133 or Bar Code Label Name VanOphem Meehan & VanOphem P.C. Address 755 W. Big Beaver Road Address Suite 1313 State MI City Troy ZIP 48084 Telephone (248) 362-1210 Fax (248) 362-4055 Country United States I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1 001 and that such willful false statements may jeopardize the validity of the application or any patent insued thereon validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR Given Name Family Name or Surname (first and middle [if any]) Inventor's Signature Country Citizenship Residence: City **Mailing Address Mailing Address** Country ZIP State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** or Surname Weidmayer (first and middle [if any]) Eldean Eldean Weidmayer Inventor's Date 01-26-01 Signature United State MI Citizenship United States Country States Residence: City Alto Mailing Address 8770 Running Deer Lane Mailing Address Same ZIP 49302 Country United States State MI City Alto supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Additional inventors are being named on the

LII153B US

PTO/SB/02B attached hereto.

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLARATION FOR		First Named I	First Named Inventor Lee A. Chase				
PATENT APPL		С	COMPLETE IF KNOWN				
(37 CFR 1	Application Nu		/				
,	•	Filing Date					
Declaration L Submitted OR	Declaration Submitted after Initia	al Group Art Unit					
with Initial Filing	Filing (surcharge (37 CFR 1. 1 6 (e)) required)	Examiner Nam	ıe				
As a below named inventor, I he	reby declare that:						
My residence, mailing address, an	d citizenship are as stat	ted below next to my na	me.				
I believe I am the original, first and names are listed below) of the sub	í sole inventor (if only on	ne name is listed below	or an original, firs	t and joint inve	ntor (if plural		
names are listed below) of the suc	ect matter which is clair	med and for which a pa	itent is sought on t	ile ilivention ei	Title d.		
Vehicle Wheel and Overlay	Assembly						
venicie wheer and overlay i		itle of the Invention)					
the specification of which							
is attached hereto OR		as United S	States Application	Number or PC	T International		
was filed on (MM/DD/YYYY)		as onnoc	statoo rippiioatio.i				
Application Number	and was a	mended on (MM/DD/Y)	(YY)		(if applicable).		
I hereby state that I have reviewe amended by any amendment spe	d and understand the co cifically referred to abov	ontents of the above ide	ntified specificatio	n, including the	e claims, as		
I acknowledge the duty to disclos in-part applications, material infor PCT international filing date of the	e continuation-in-part app	plication.					
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	refits under 35 U.S.C. 1 international application also identified below, al application having a fi	19(a)-(d) or 365(b) of a which designated at li by checking the box, iling date before that of	iny foreign applica east one country o any foreign applic the application on	tion(s) for pate ther than the l ation for pate which priority	ent or inventor's United States of nt or inventors is claimed.		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)			opy Attached? NO		
Additional foreign application	numbers are listed on a	supplemental priority o	lata sheet PTO/SB	/02B attached	hereto:		
I hereby claim the benefit under	35 U.S.C. 119(e) of any	y United States provisio	nal application(s)	listed below.			
Application Number(s)	(MM/DD/YYYY)	DD/YYYY) Additional provisional application					
60/084,378	8	numbers are listed on a supplemental priority data sheet					

[Page I of 21

May 4, 1999

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

and 35 U.S.C. 120

09/304,734

DECLARATION — Utility or Design Patent Application

	Customer N or Bar Code		21133		OR		Correspondence address below
Name VanOphem Meehan & Van	Ophem P.C	7.					
Address 755 W. Big Beaver Road							
Address Suite 1313							
City Troy				State]	MI		ZIP 48084
Country United States		Telephon	ie (248) 30	52-1210)		Fax (248) 362-4055
I hereby declare that all statements ma are believed to be true; and further tha made are punishable by fine or impriso validity of the application or any patent i	it these state nment, or bo	ements we oth, under	re made wi	th the kn	owledge:	that willf	ul false statements and the like so
NAME OF SOLE OR FIRST INVENTOR A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname							
Inventor's							
Signature			I	- 1		· · · · · · · · · · · · · · · · · · ·	Date
Residence: City State Country Citizenship							
Mailing Address							
Mailing Address							
City	State			ZIP			Country
NAME OF SECOND INVENTOR	:			A petiti	on has t	oeen fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Gregory R. Family Name or Surname Hauler							
Inventor's Signature Inegary	1. J	uli	<u> </u>				Date 1/26/01
Residence: City Montague State Michigan Country States Citizenship Unit						Citizenship United States	
Mailing Address 8547 Ellenwood Es	tates Drive	<u> </u>					
Mailing Address Same							
City Montague	State Mic	higan		ZIP 494	37		Country United States
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

J 50.000 0.000 00.00 00.00 00.00 10.00 10.00

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Eldean Weidmayer	
Group Art Unit		
Examiner Name		
Attorney Docket Number		

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	hereby appo	oint:						
Practitioner(s) named below: Name Registration Number						h- P,	02113	3
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone Iam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Custom Weidmayer Signature Eldean Weidmayer Date Jaw 26, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		ner(s) na	med below:			PATE	IT AND TRADEHARK	OFFICE
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date JAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			Name		$oxed{\mathbb{L}}$	Registration I	Number	
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date FR 2 G, 2 O C / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	ļ 							
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date JAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	}				+			
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date FR 2 G, 2 O C / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					╁	·		
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date FR 2 G, 2 O C / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			 					
The above-mentioned Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date JAN 26, 2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							o transact a	il .
Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Ecclean Weidmayer Signature Eldean Weidmayer Date TAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The above		•		ified	application to:		
Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Date JAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		ama						
City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Date TAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		ane						
Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date JAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address							
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Bldean Weidmayer Date → → → → → → → → → → → → → → → → → → →	City		·		State	<u> </u>	Zip	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Eldean Weidmayer Date JAN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Signature Date 5 AN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					Fax			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Eldean Weidmayer Date Date	Applicant/Inventor.							
Name Signature Eldean Weidmayer						/96).		
Signature Eldean Weidmayer Date 5AN 26, 200 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			SIGNATURE of A	pplicant or Assign	ee of	Record		
Date JAN 26, 200 / NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name	Ela	lean Weid	mayes				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date 5AN 26, 200/							
	NOTE: Signatures of all forms if more than one	I the invent signature is	ors or assignees of records required, see below*.	d of the entire interest	or their	representative(s) ar	e required. Su	bmit multiple
⊠ *Total of3forms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

the train with the least the line with line.

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

Application Number Filing Date POWER OF ATTORNEY OR Gregory R. Hauler First Named Inventor AUTHORIZATION OF AGENT **Group Art Unit Examiner Name** Attorney Docket Number

i hereby ap	point:					
Practitioners at Customer Number 021133 — 17: 02113						33
OR Brootit	tioner(s) nai	mad halow:			PATENT AND TRADEH	ARK OFFICE
L Practit	noner(s) na:	Name		\mathbf{L}^{-}	Registration Number	
<u> </u>						
L_						
as my/our at business in	torney(s) or the United S	r agent(s) to prosec States Patent and T	ute the application i rademark Office co	identific nnected	ed above, and to transac d therewith.	t all
The above	je the corre ve-mention	spondence address ed Customer Numb	s for the above-ident eer.	tified ar	oplication to:	
OR						
Firm or Individua	Firm or Individual Name					
Address						<u></u>
Address						
City				State	Zip	
Country				Fax		
Telephone				ı"dă L		
lam the: Appli	cant/invento	or.				
Assig	nee of reco	ord of the entire inter or 37 CFR 3.73(b) is	erest. See 37 CFR 3 enclosed. (Form P	7. 71. TO/SB/	96).	
		SIGNATURE of	Applicant or Assign	nee of R	ecord	
Nomo			0.4		~	
Name Signature	Gregory	R. Hauler	Lucas,	R. 1	Saulin	
Data			1 1	126	101	
NOTE: Signatures of	of all the inven	tors or assignees of rec	ord of the entire interest	t or their	representative(s) are required.	. Submit multiple
forms if more than o		is required, see below*.				
I VIGIUI						acca Any comments o